Substitute for form 1449A/PTO						Complete if Known					
						Application Number		To Be Assigned			10/099499
INFORMATION DISCLOSURE STATEMENT BY APPLICANT						Confirmation No. Filing Date First Inventor		Concurrently Hiroyuki OKADA			יישוטון
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Sheet 1 of 1						Examiner Name		To Be Assigned			
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Examiner Initials	Cite	DOCUMENT NUMBER		CODE	PATENTEE		ISSUE DATE (mm/dd/yy)	CLASS	SUB CLASS	Filing Date if Appropriate	
the	(1)		4,613,782		Mori et al.		09/23/86	310	323		
MAT	(2)		4,653,101		Myers		03/24/87	381	64		
TAU	(4)	5,101,178			Komoda		03/31/92	331	158		
TMD	(5)	5,210,454			Naito		05/11/93	310	317		
TMD	(6)		5,319,278		Myohga et al.		06/07/94	310	323		
TMD	6	ļ	5,589,723		Yoshida et al.		12/31/96	310	328		
7749	(8)		5,646,469		Tsukimoto et al.		07/08/97	310	323.01		
THU	(9)		5,783,899		Okazaki		07/21/98	310	317		
TIM	(10)	5,912,525			Kobayashi et al.		06/15/99	310	323		
THO	(11)	5,945,768			Treu, Jr.		08/31/99	310	316.01		
my	(12)	5,969,464		L_	Nakano et al.		10/19/99	310	328		
17kh	(13)	6,133,671			Atsuta et al.		10/17/00	310	316.01		
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Examiner Initials		F F C E	C NUMBER		C O D E	PUBLICATION DATE		E TRANSLATION Yes No			
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with the next communication to applicant.